



United States Air Force Academy
Claims Office



Wind Storm Package



United States Air Force Academy Claims Office
8034 Edgerton Drive, Ste 237; USAF Academy CO 80840
Commercial (719) 333-3645 Fax (719) 333-3011



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE ACADEMY
USAF ACADEMY, COLORADO

7 November 2005

MEMORANDUM FOR POTENTIAL CLAIMANTS

FROM: HQ USAFA/JAD

8034 Edgerton Drive, Suite 237
USAF Academy, Colorado 80840

SUBJECT: Filing a Claim for Property Damage Caused by Wind Storm

1. On 3 November 2005, the United States Air Force Academy was hit by a severe wind storm that resulted in wind speeds of greater than 80 mph. Due to the extreme nature of the winds, the event has been declared an unusual occurrence, outside the normal day-to-day risks of duty on the installation.
2. Pursuant to the Military Personnel and Civilian Employees' Claims Act (MPCECA), military personnel and civilian employees of the United States Government may file a claim against the United States for damage to personal property that occurred at quarters or other authorized places on the Academy as a result of the wind storm. Authorized places include duty locations on the installation as well as duty locations at the Oracle building.
3. The enclosed package is designed to assist you in the preparation and filing of your claim. It is crucial to understand that it is your responsibility to prepare the claim and obtain and compile all supporting documentation. This package will provide you the necessary guidance to do so.
4. All claims for this incident must be filed within two years of the date of the incident. Therefore, timely action on this matter is recommended.
5. If you have any questions or concerns related to wind storm claims, please do not hesitate to call the United States Air Force Academy Claims Office at (719) 333-3645.

A handwritten signature in red ink that reads "Katie Smith".

KATIE L. SMITH, Captain, USAF
Claims Officer

➤ **When to File Your Claim**

- You must file your claim within *two (2) years from the date of the incident* giving rise to your claim
 - To recover for property damage caused by the windstorm of 3 Nov 2005, you must file your claim no later than 3 Nov 2007
- We recommend you file your claim at your earliest convenience

➤ **How to File Your Claim**

- Local Area: Claims are accepted by appointment only
 - Appointments for this type of claim only are offered on Fridays
 - Special walk-in sessions will be available initially – please call the Claims Office for further information on these sessions
- Outside Local Area: mail your claims to
HQ USAFA/JAD
8034 Edgerton Drive, Suite 237
USAF Academy, CO 80840

➤ **Required Steps BEFORE You File Your Claim**

- *File a claim with your insurance company*
 - This is required before a claim may be filed
 - If you have liability only insurance, please contact this office for guidance
- *Submit an inspection report to a repair firm for completion*

➤ **Required Documentation** (*copies only please*)

- Title/Registration (*covering 3 Nov 05*)
- Certificate of Insurance (*covering 3 Nov 05*)
- Inspection Report (Atch A)
- Estimate of Repair
- Memorandum/Statement of locality (Atch B)
- DD Form 1842 (Atch C)
- DD Form 1844 (Atch D)
- Power of Attorney/Statement of Authority (*if filing on another's behalf*)
 - Note: Only the military member/employee may file. If the spouse intends to file on the military member's behalf, an authorization is required
 - See example authorization (Atch E)

➤ **Instructions for Completion**

○ ***Inspection Report (sample Atch A)***

- This document is requested by the Claims Office for purposes of documenting the damage to your vehicle
- Submit the document to the repair firm for annotation of damage
- Alternate: the Claims Office can perform this inspection prior to repair

○ ***Memorandum/Statement of Locality (sample Atch B)***

- A statement from the claimant as to where the vehicle was located at the time the damage occurred is required
- A sample Memorandum is attached

○ ***DD Form 1842 (sample Atch C)***

- Complete Blocks 1-15
 - Block 9: The amount claimed is the total amount of the repair estimate
 - Sample Block 10: On 3 November 2005 at approximately [0715 hours] I parked by [2004 Chevy Tahoe] outside [building 8034] at the United States Air Force Academy. When I returned to my vehicle at approximately [1700 hours] that same day, I noticed [my windshield had numerous surface pits] likely caused from dirt and rock blown against my vehicle by the high winds. I filed a claim for property damage with my insurance company [USAA] on [10 Nov 05]. I obtained an estimate of repair for my vehicle in the amount of [\$1500]. I paid my [\$500] deductible out of pocket and my insurance company assumed the remainder of the repair costs.
- Block 17, Signature – please do not sign this form until you file the claim with the Claims Office

○ ***DD Form 1844 (sample Atch D - complete only the following blocks)***

- Block 1: Name of Claimant
- Block 2: Name and Policy number of Insurance Carrier
- Block 3: Date of Incident
- Block 4: Leave blank
- Block 5-11: see sample
- Block 13: Total Amount Claimed

*** Blank Forms are located at the back of this package**

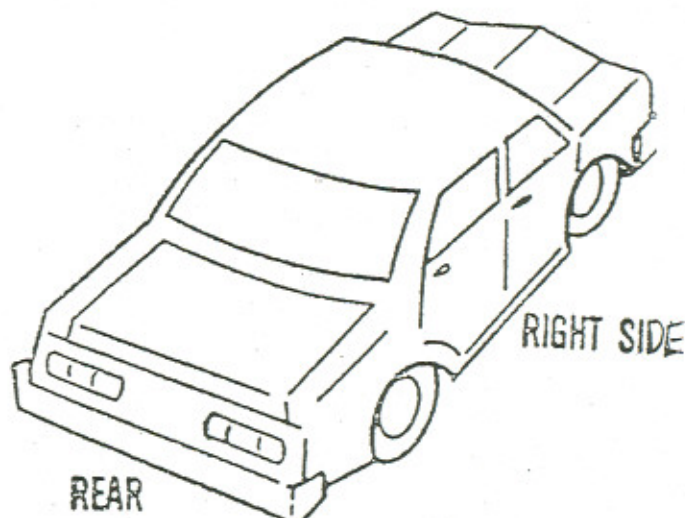
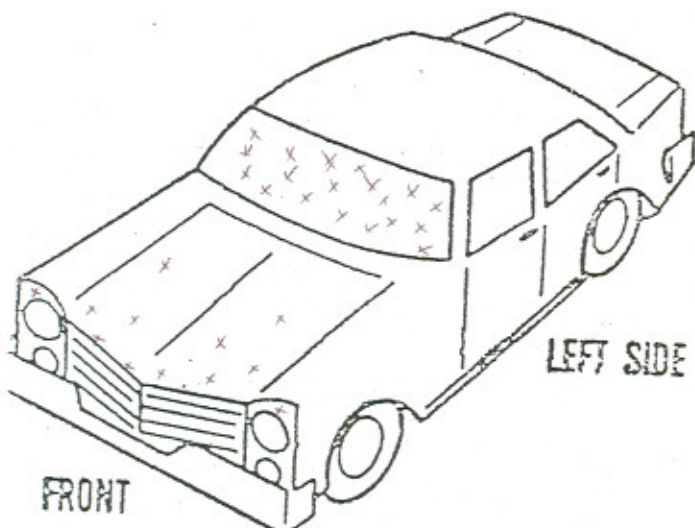
SAMPLE

Vehicle Inspection Report

Name of Owner: John Doe Rank: Ssgt
Date of Inspection: 11 Nov 05 Date of Incident: 3 Nov 05
Contact Number: 333-3333 (w)

Vehicle Information:

Make: Chery Model: Tahoe Year: 2004
Color: Red VIN: XXXXXXXXXXXX



Inspection Results:

Pitted Windshield
Paint Chip to hood

Was damage likely caused by high winds? Yes X No

Examiner Signature: [Signature]

Printed Name: Mechanic Mike

Company Name: Repairs - R - US

Atch A

SAMPLE
Memorandum of Locality

XX November 2005

MEMORANDUM FOR CLAIMS OFFICE

FROM: Claimant – SSgt John Doe

SUBJECT: Statement of Locality

1. On 3 November 2005 at approximately 0715 hours I parked my 2005 Chevy Tahoe outside building 8034 at the United States Air Force Academy. My vehicle was parked outside building 8034 for the majority of the day. However, I did operate my vehicle off the installation between the hours of 1100-1200.
2. When I returned to my vehicle at approximately 1700 hours that same day, I noticed my windshield was pitted and there were minor paint chips to the hood of my vehicle.
3. The damage to my vehicle described above was not a preexisting condition of my vehicle prior to 3 November 2005. It is my belief these damages were caused by the wind on that day.

JOHN S. DOE, SSgt, USAF
Claimant

Atch B

SAMPLE

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE			
PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)			
1. NAME OF CLAIMANT (Last, First, Middle Initial) Doe, John S.	2. BRANCH OF SERVICE Air Force	3. RANK OR GRADE SSgt	4. SOCIAL SECURITY NUMBER 555-05-5555
5. HOME ADDRESS (Street, City, State and Zip Code) 555 Peabody Lane Colorado Springs, CO 80819		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) 8034 Edgerton Drive, Ste 237, USAF Academy, CO 80840	
7. HOME TELEPHONE NO. (Include area code) 719-555-5555	8. DUTY TELEPHONE NO. (Include area code) 719-333-3333	9. AMOUNT CLAIMED \$1500.00	
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.) On 3 November 2005 at approximately 0715 hours I parked by 2004 Chevy Tahoe outside building 8034 at the United States Air Force Academy. When I returned to my vehicle at approximately 1700 hours that same day, I noticed my windshield had numerous surface pits likely caused from dirt and rock blown against my vehicle by the high winds. I filed a claim for property damage with my insurance company USAA on 10 Nov 05. I obtained an estimate of repair for my vehicle in the amount of \$1500. I paid my \$500 deductible out of pocket and my insurance company assumed the remainder of the repair costs.			
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)			YES NO <input checked="" type="checkbox"/> <input type="checkbox"/>
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)			<input checked="" type="checkbox"/> <input type="checkbox"/>
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)			<input type="checkbox"/> <input checked="" type="checkbox"/>
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			<input type="checkbox"/> <input checked="" type="checkbox"/>
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			<input type="checkbox"/> <input checked="" type="checkbox"/>
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.			
17. SIGNATURE OF CLAIMANT (or designated agent)			18. DATE SIGNED (YYYYMMDD)
PART II - CLAIMS APPROVAL (To be completed by Claims Office)			
19. PROCEDURE (X one) <input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated: \$	
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED (YYYYMMDD)

SAMPLE

1. NAME OF CLAIMANT (Last, First, Middle Initial) Doe, John S.			3. PICK-UP DATE (YYYYMMDD) 20051103		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)											
2. CLAIMANT'S INSURANCE COMPANY (If applicable)			4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR					
a. NAME USAA			b. POLICY NO. xxx05xxx													
5.	6.	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	8.	9. ORIGINAL COST 10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost b. (or) Replacement Cost	15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER				
LINE NO.	QTY		INV NO.			16. EXCEPTIONS		19. INV NO.		20. EXCEPTIONS		25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
1	1	2005 Red Chevy Tahoe, 4 door SUV VIN: xxxxxxxxxxxxxxxxx Damage: severely pitted windshield, paint chips to hood		30000.00 06/2004	1500.00											
12. REMARKS			13. TOTAL		\$ 1500.00			30. TOTAL AMOUNT ALLOWED		\$		31. THIRD PARTY LIABILITY		\$	\$	

SAMPLE
Statement of Authority to File Claim

XX November 2005

MEMORANDUM FOR CLAIMS OFFICE

FROM: Claimant – SSgt John Doe

SUBJECT: Authorization to File Claim

1. I, SSgt John Doe, am the titled owner (joint owner) of a 2004 Chevy Tahoe that was damaged in a windstorm at the United States Air Force Academy on 3 Nov 2005.
2. I authorize my friend, TSgt Joe Fawn, to file a claim against the United States Government, on my behalf.

JOHN S. DOE, SSgt, USAF
Claimant

***Cadets operating a vehicle owned by another party are required to obtain a similar authorization annotating authority to operate that vehicle*

Atch E

Vehicle Inspection Report

Name of Owner: _____ Rank: _____

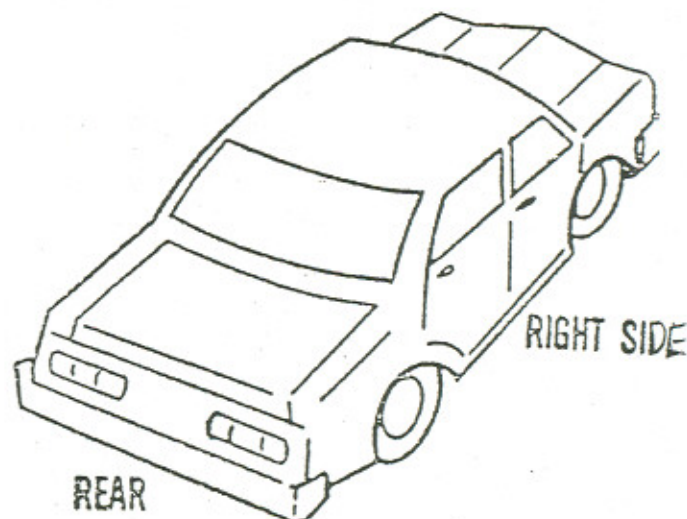
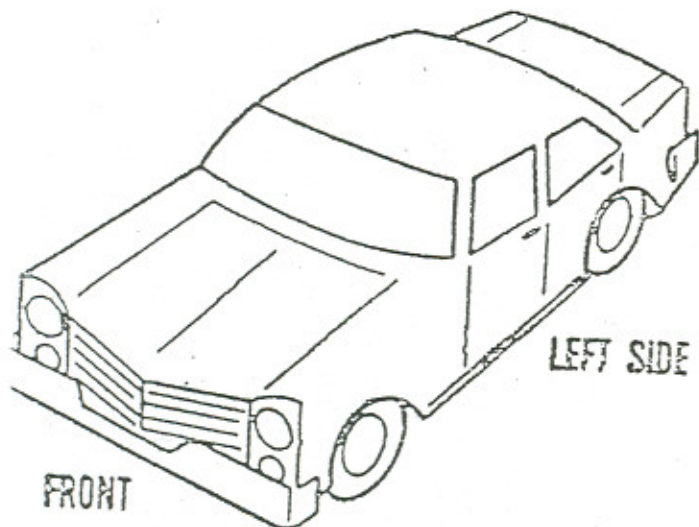
Date of Inspection: _____ Date of Incident: _____

Contact Number: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____

Color: _____ VIN: _____



Inspection Results:

Was damage likely caused by high winds? Yes _____ No _____

Examiner Signature: _____

Printed Name: _____

Company Name: _____

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE			
PART I - TO BE COMPLETED BY CLAIMANT <i>(See back for Privacy Act Statement and Instructions.)</i>			
1. NAME OF CLAIMANT <i>(Last, First, Middle Initial)</i>	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS <i>(Street, City, State and Zip Code)</i>		6. CURRENT MILITARY DUTY ADDRESS <i>(If applicable) (Street, City, State and Zip Code)</i>	
7. HOME TELEPHONE NO. <i>(Include area code)</i>	8. DUTY TELEPHONE NO. <i>(Include area code)</i>	9. AMOUNT CLAIMED	
10. CIRCUMSTANCES OF LOSS OR DAMAGE <i>(Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)</i>			
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? <i>(E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)</i>			YES NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? <i>(If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)</i>			
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? <i>(If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)</i>			
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<p>16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:</p> <p>If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.</p> <p>I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.</p> <p>I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.</p>			
17. SIGNATURE OF CLAIMANT <i>(or designated agent)</i>			18. DATE SIGNED <i>(YYYYMMDD)</i>
PART II - CLAIMS APPROVAL <i>(To be completed by Claims Office)</i>			
19. PROCEDURE <i>(X one)</i>	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:		\$
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS			
21. SIGNATURES <i>(Signatures at a and c not required if small claims procedure is utilized)</i>			
a. CLAIMS EXAMINER	b. DATE SIGNED <i>(YYYYMMDD)</i>	c. REVIEWING AUTHORITY	d. DATE SIGNED <i>(YYYYMMDD)</i>
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED <i>(YYYYMMDD)</i>

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a. NAME				b. POLICY NO.													
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	8. INV NO.	9. ORIGINAL COST 10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost b. (or) Replacement Cost	15. INVENTORY DATE (YYYYMMDD)	16. EXCEPTIONS	18. EXCEPTION SHEET DATE (YYYYMMDD)	19. INV NO.	20. EXCEPTIONS	23. GBL NUMBER	24. LOT NUMBER	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
12. REMARKS				13. TOTAL \$						30. TOTAL AMOUNT ALLOWED \$				31. THIRD PARTY LIABILITY \$		\$	